



24

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/086,949
Filing Date	2/28/2002
First Named Inventor	Colrain
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	007.0192.01

To: Assistant Commissioner for Patents
Washington DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: Per client request.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number [] []

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Hickman, Palermo, Truong & Becker				
Address	1600 Willow Street				
City	San Jose	State	CA	Zip	95125
Country	USA				
		Fax			

- ☒ This request is made on behalf of:
- ☐ all the attorneys/agents of record
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 22895

This request is enclosed in triplicate (including any attachments).

SIGNATURE OF ATTORNEY/AGENT

Name	Patrick J. Inoué
Signature	
Date	APR 10/2002

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extensive period, the request to withdrawal is normally disapproved.